

**EL PASO POLICE AND TEXAS DEPARTMENT OF PUBLIC SAFETY  
JOINT CITIZEN POLICE ACADEMY  
APPLICATION FOR ENROLLMENT**

APPLICANT MUST BE 18 YEARS OF AGE TO APPLY (NO HIGH SCHOOL STUDENTS). PLEASE BE SURE TO COMPLETE THE ENTIRE APPLICATION AND RETURN TO ANY POLICE REGIONAL COMMAND, POLICE HEADQUARTERS, OR DPS OFFICE LOCATED AT 11612 SCOTT SIMPSON. YOU MAY ALSO SCAN AND EMAIL YOUR APPLICATION TO: 1687@ELPASOTEXAS.GOV

Start Date: March 20, 2018

**PLEASE PRINT CLEARLY.**

**PERSONAL:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
*Last, First, MI mm/dd/yy*  
ADDRESS: \_\_\_\_\_  
*Street # Street name Apt Zip*  
PHONE: (\_\_\_\_) \_\_\_\_\_/(\_\_\_\_) \_\_\_\_\_/(\_\_\_\_) \_\_\_\_\_/(\_\_\_\_) \_\_\_\_\_  
*Night Time Day Time Cell Other*  
TX DRIVERS LICENSE #: \_\_\_\_\_ TX ID CARD #: \_\_\_\_\_

**E-MAIL ADDRESS (For contact/information only):** \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE:(\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACTS:**

List two immediate family members or friends that we can contact in the event of an emergency.

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #S: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #S: \_\_\_\_\_

***I understand that my signature authorizes the El Paso Police Department to verify all information contained in this application. I authorize the El Paso Police Department to conduct a criminal history check on myself as a requirement to attend the El Paso Police Department's Citizen Police Academy.***

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE